PTO/SB/50 (06-03) Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT A	PPLICATION	ON TRANSM	MITTAL	1-						
	Attorney Doo	cket No.	D5407-129	- 15 -						
Address to:	First Named		Morton Myhre	0.00						
Mail Stop Reissue	Original Pate	ent Number	5,791,412	25C						
Commissioner for Patents P.O. Box 1450		ent Issue Date		510						
Alexandria, VA 22313-1450	(Month/Day/		08/11/1998 EV321286664US	- 150						
APPLICATION FOR REISSUE OF:	Express Wall									
(Check applicable box) Utility Pa	atent	Design Patent Plant Patent								
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPA	NYING APPLICATION P	ARTS						
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing,										
2. Applicant claims small entity status. See 37 CFR 1.27.		11. Original Patent Grant								
Specification and Claims in double column copy of pate (amended, if appropriate)	ent format	Ribboned Original Patent Grant								
4. Drawing(s) (proposed amendments, if appropriate)										
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)		12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
6. Power of Attorney		13. Informat Stateme	ion Disclosure ent (IDS)/PTO-1449 Copies							
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))	ginal U.S. Patent currently assigned? Yes No es, check applicable box(es))									
Written Consent of all Assignees (PTO/SB/53)	Written Consent of all Assignees (PTO/SB/53) 15.									
37 CFR 3.73(b) Statement (PTO/SB/96)		Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
8. CD-ROM or CD-R in duplicate, Computer Program (Apport large table	CD-ROM or CD-R in duplicate, Computer Program (Appendix)									
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)										
a. Computer Readable Form (CFR)	a. Computer Readable Form (CFR)									
i CD-ROM (2 copies) or CD-R (2 copies); or ii paper										
c. Statements verifying identity of above copies	Statements verifying identity of above copies									
18. CORRES	PONDENCE A	ADDRESS								
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City	Stat	<u> </u>	Zip Code							
	phone	<u> </u>	Fax							
Name (Print/Type) Gapy R. Meze Registration No. (Attorney/Agent) 42,851										
Signature Date 04/15/2004										

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/56 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM										Docket Number (Optional)					
										D5407-129					
Claims as Filed – Part 1 (1) (2) (3) Small Entity										Other tha	an a Sm	all Entity			
	Cla	ims n tent	F	ber Filed in Reissue plication	Number Extra		а	Rate		Fee			Rate		Fee
Total Claims (37 CFR 1.16(j))		15	(B)	15	***	0		x\$	=				×\$=		0
(37 CFR 1.16(i))		1	(D)	1	•	0	=	×\$	=			or	×\$_	_=_	0
						Basic Fee (37 CFR 1.16(h))				\$			ļ		\$ <u>770.00</u>
						Total Filing I	j Fee			\$			C	R	\$ <u>770.00</u>
Claims as Amended – Part 2															
							Small E	Small Entity		Other than a Sma		mall Entity			
					Previously Paid For		Extra R Claims Present		Rate		Fee		Rate	•	Fee
Total Claims (37 CFR 1.16(j))	***			MINUS	**		• :	· _		=			x\$_	=	
Independent Claims (37 CFR 1.16(i))	***			MINUS	****		=		×\$_	=			x\$_	=	
1.10(7)			-	I	ı		Total Additional Fee \$							OR .	\$
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). *** Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 02-0429 in the amount of \$770.00 A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 02-0429 A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.															
Date Signature of Applicant, Attorney or Agent of Reco								of Record							

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